

**DEPARTMENT OF COMMERCE AND INSURANCE
TENNCARE DIVISION**

**Pursuant to T.C.A. § 56-32-226(b)(5)
Report of Requests for TennCare Claims Review
Filed Between January 1, 2001 through December 31, 2001
to the
Department of Health and Fiscal Review Committee**

1. Number of requests for TennCare claims review filed for each TennCare health maintenance organization (HMO) and behavioral health organization (BHO) during the 2001 calendar year:¹

<u>Name of HMO</u>	<u>Number of Requests Filed</u>	<u>Outcome of Requests</u>
Better Health Plans, Inc.	None	None
John Deere Health Plan, Inc.	None	None
Memphis Managed Care Corp.	None	None
OmniCare Health Plan, Inc.	4	1 Provider ² 3 Settled for Provider ³
Preferred Health Partnership of Tennessee., Inc.	3	1 In Part Provider & MCO ⁴ 2 Ineligible ⁵

¹ A current listing of Requests for Independent Review can be found at www.state.tn.us/commerce/indrev.pdf.

² Provider=The independent reviewer reversed the MCO's denial of the claim.

³ Settled for Provider=Before the independent reviewer issued a decision, the MCO and provider agreed the provider's claim should be paid as requested by the provider.

⁴ In Part Provider & MCO=The independent reviewer reversed the MCO's denial in part and upheld the MCO's denial in part.

⁵ The provider who requested these reviews did not submit the requisite information.

Tennessee Coordinated Care Network	110	11 Provider 4 MCO ⁶ 4 In Part Provider & MCO 2 Settled for Provider 1 Settled in Part for Provider & MCO ⁷ 22 Ineligible ⁸ 1 Rescinded ⁹ 65 N/A ¹⁰
Universal Care of Tennessee, Inc.	11	3 Provider 4 MCO 1 In Part Provider & MCO 3 Pending ¹¹
Victory Health Plans, Inc.	None	None
Volunteer State Health Plan, Inc.	3	1 MCO 1 In Part Provider & MCO 1 Ineligible ¹²
Xantus Healthplan of Tenn., Inc.	5	3 Provider 2 Settled for Provider
Total Requests for TennCare HMOs	136	

⁶ MCO=The independent reviewer upheld the MCO's denial.

⁷ Settled in Part for Provider & MCO=Before the independent reviewer issued a decision, the MCO and provider agreed that the MCO owed the provider an amount less than the provider requested in the Request for Independent Review.

⁸ These claims were ineligible for the following reasons: 1. TCCN had not denied these claims, and only denied claims are eligible for independent review or 2. The Independent Review Requests involved recoupments of previous Independent Review awards.

⁹ Before the Department of Commerce & Insurance referred the Request for Independent Review to an independent reviewer, the provider rescinded the request.

¹⁰ Per Deputy Commissioner Manny Martins, these claims were referred to Courtney Pearre, Supervisor, TCCN, for resolution.

¹¹ As of April 9, 2002, the independent reviewer has not issued a decision.

¹² Ineligible, because not filed for the first time on or after October 1, 1999, as required by T.C.A. § 56-32-226(b).

<u>Name of BHO</u>	<u>Number of Requests Filed</u>	<u>Outcome of Requests</u>
Premier Behavioral Systems of Tennessee, LLC	None	None
Tennessee Behavioral Health, Inc.	2	1 Provider 1 Settled for Provider
Total Requests for TennCare BHOs	2	

2. <u>Name of Provider Who Has Lost More Than 50% of Submitted Claim Reviews</u> ¹³	<u>Number of Claim Reviews Lost by that Provider</u>
Mercury Cab	1 Filed 1 Lost
LeBonheur Children's Medical Center	1 Filed 1 Lost

¹³ David J. Snodgrass, DDS., submitted 11 Independent Review Requests. As of April 9, 2002, 4 of those requests were decided for the MCO, 3 decided for the provider, 1 decided In Part for Provider & MCO and 3 are pending. Depending upon the outcome of the 3 pending requests, Mr. Snodgrass may lose more than 50% of his submitted claims reviews.